·											Docket Number		
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								109686628					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							Г	ATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	SIC FI	E 355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			1 6 minus 20=		•			(\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			6 minus 3 =		· 3			K40=		OR	X80=	240	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				Ţ	135=		OR	+270=	ATV	
* If the difference in column 1 is less than zero, enter *0" in column 2							 T	TOTAL		OR	TOTAL	950	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
4		(Column 1)		(Colu				SMALL ENTI		OR SMALL ENT			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.16	Minus	••		-	,	(\$ 9 =		OR	X\$18=		
AME	Independent	IRST PRESENTATION OF MULTIPLE DEPENDEN		T CL AIM	<u> </u>	7	(40=		OR	X80=			
10/20/05							Ŀ	135=		OR	+270=		
MINIVIIm						ADDIT. F		_	OR	TOTAL ADDIT. FEE			
		(Column 1)	(Column 3)				•		•				
AMENDMENT B \$		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA	F	ME	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ND	Total	.16	Minus	/	6	- /-		\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF MI	Minus	PENDENI	C CI AIM		7	(40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	135=		OR	+270=		
								TOTA		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)										-	novii. FGE(
ENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BER	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
MON	Total	•	Minus	**		=	×	\$ 9=	FEE	OR	X\$18=	FEE	
▥	Indonedant		Minus	404		1_	-			٠,١			

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/00)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

+135=

X80=

+270=

TOTAL